FINANCIAL STATUS REPORT

(Short Form)

1.	ederal Agency and Organization Element to 2. Federal Grant or Other Identifying Numb		Number	OMB Approval No. 0348-0038		Page 1 of 1	
	which Report is Submitted	10 50 5 F - 3 75 (\$5.00 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$		AECEIVED			
	Denali Commission	0048-DC-2002-I1 Bulk Fuel Consolidation Upgrades & Power C	Seneration				
3.	Recipient Organization (Name and complete address, including ZIP code) STATE OF ALASKA, DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT				APR 0 2000	3	
	Alaska Energy Authority			(0)		9	
	813 West Northern Lights Blvd. Anchorage, Alaska 99503			· ·	ALI COM		
4.	Employer Identification Number	Recipient Account Number or Ident Number	ifying	6. Final Report	7. Basis		
	92-6001185	31001		Yes No	Cash Acon	ıal	
8.	Funding/Grant Period (See instructions)			9. Period Covered	by this Report		
	From: (Month, Day, Year)	To: (Month, Day, Year)		From: (Month, D	Day, Year)	To: (Month, Day, Year)	
	2/1/2002	1/2002 5/31/2008		1/1/2008		3/31/2008	
10.	Transactions:	***************************************		1	II.	111	
				Previously Reported	This Period	Cumulative	
	a. Total outlays			103,508,511.18	383,295.41	103,891,806.59	
	b. Recipient share of outlays (Grant does not have a match requirement)			0.00	0.00	0.00	
-	c. Federal share of outlays			103,508,511.18	383,295.41	103,891,806.59	
	d. Total unliquidated obligations					315,823.94	
	e. Recipient share of unliquidated obligations					0.00	
	f. Federal share of unliquidated obligations			315,823.94			
	g. Total federal share (Sum of lines c and f)					104,207,630.53	
h. Total Federal funds authorized for this funding period						106,805,899.56	
i. Unobligated balance of Federal funds (Line h minus line g)						2,598,269.03	
11.	Indirect Expense	The substantial state of the substantial state	THE PROPERTY.				
		☐ Provisional	☐ Pred	etermined	Final	Fixed	
		b. Rate	c. Base	d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or Information required by Federal sponsoring agency in compliance with governing legislation							
13.	Certification: I certify to the best of my knowled purposes set forth in the award documents	edge and belief that this report is correct	and comple	ete and that all outlay	s and unliquidated	d obligations are for the	
Тур	ned or Printed Name and Title	ne (Area code, Number and extension)					
	Amy E. McCollum, Controller (907) 77						
Sig	nature of Authorized Certifying Official E W.C. Cellum	Date Repo	port Submitted 2008				
NS	NSN 7540-01-218-4387 (269-202 Standard form 269A (Rev. 7-97 Prescribed by OMB Circular A-102 and A-11						